



PATENT
Atty. Docket: 1400-28 DIV (1081 DIV)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : SCHUESSLER Examiner: Edwyn Labaze
Serial No. : 10/608,833 Group Art Unit: 2876
Filed : June 26, 2003
For : INK-SPREAD COMPENSATED BAR CODE
SYMBOLGY AND COMPENSATION METHODS

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action of the U.S. Patent and Trademark Office mailed on January 8, 2004, please consider the following:

The Claims are reflected in the listing of claims which begins on page 2 of this paper.

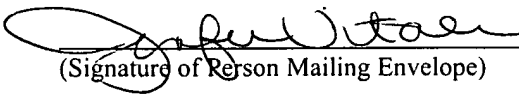
Remarks begin on page 7 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this Amendment and any document referred to as enclosed herein is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 22, 2004

Jennifer Vitale
(Name of Person Mailing Envelope)


(Signature of Person Mailing Envelope)



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P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.

[X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	23	MINUS	38	=	X 9	\$	X 18 \$ 0
INDEP.	1	MINUS	4	=	X 42	\$	X 84 \$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X 140	\$	X 280 \$ 0
					TOTAL		OR TOTAL \$ 0
					ADDIT. FEE	\$0	

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

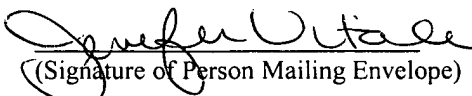
The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

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- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



George Likourezos
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GL/jrv